



**Office of Congressman JIM HIMES**  
**Constituent Intake Form/Privacy Act Waiver**

**Bridgeport Office**

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**Please check the corresponding box below:**

☐ Immigration   ☐ Housing   ☐ Health/Medicare   ☐ Social Security   ☐ Unemployment  
☐ Small Business   ☐ Grants   ☐ Veterans Administration   ☐ Other: \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**PHONE:** \_\_\_\_\_

Work/Cell \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

☐ Check here if you would like to receive our e-newsletter

**Please provide the following for the**

**concerned applicant:** *(This information should be person named on application)*

**SOC. SEC. #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CASE NUMBER:** *(staff only)* \_\_\_\_\_

**What concerns are you having with a federal agency?**

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**What specific action are you seeking from our office?**

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Have you contacted any other elected official to assist you problem? \_\_\_\_\_

*(Name)*

Do you currently have an attorney working your case? \_\_\_\_\_

*(Yes or No)*

*If so, please include current status of case.*

*I hereby authorize Congressman Jim Himes or his staff, under the "Right to Privacy Act," to request and copy any information regarding this matter from identified agencies. I hereby release you from any liability that may arise by furnishing the requested information.*

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

05/14/09